## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

P1513USA

		CLAIMS AS	• Column)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			Ö					RATE	FEE	<b>1</b>	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA	ŀ	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		· •			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		9			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in			column 2	Ŀ	TOTAL	355	OR	TOTAL	
	C	LAIMS AS A	- PAR	- PART II				<b>y</b>	-	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	dependent			F CL AIM	]=		X40=		OR	X80=	
	ringi rhese	INTATION OF MI	JETIFLE DEF	ENDEN	CLAIN			+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE	<u> </u>		ADDII. FEEI	
AMENDMENT B	Carlo Street	CLAIMS		HIGH	IEST		lr		ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┟			On		
							L	+135=		OR	+270=	,
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ლი 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╽┟	X40=			X80=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		╽┠	740=		OR	700=	-
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa hber Previously Pa					r four	nd in the app	ropriate box	c in col	umn 1.	